



Haiti ARISE Ministries
USA: PO Box 609
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(360) 539-7377

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Albert Park PO
Calgary, AB T2A 6Z2
(403) 272-6493

Haiti: #50 Rue de Taino, Thozin
Grand Goave, Haiti WI
011-509-4165-0844

Haiti Arise Team Member Application

DATES OF TRIP: _____ Team Name: _____

Personal Information: (Please print clearly or type, print and return to Team Leader)

Full Name (as it appears on passport) Include a copy of your current passport with this application

First Name _____ Middle Name _____ Last Name _____

Passport # _____ Country of Citizenship _____ Passport Expiry Date _____

Address _____ City _____

Prov/State _____ Postal/Zip Code _____ Country _____

Home Phone _____ Cell Phone _____ Email Address _____

Date of Birth (Y/M/D) _____ Age _____ Gender [] Male [] Female Grade (if school age) _____

Family Members accompanying you & relationship _____

Occupation _____ Do you have first aid training? _____

Sports/ Hobbies _____

Sending Church/ Group Name _____

Team Leader's Name _____ Phone Number: _____

Emergency Contact:

Name _____ Email _____

Phone _____ Relationship to you _____

Mission Involvement:

Past mission trips (where & when) _____

What are your main objectives/goals for taking this trip to Haiti? _____

Please indicate T-shirt Size: [] M (*40") [] L (*42") [] XL (*46") [] 2XL (*50") *indicates actual measurement of shirt

Personal Information (Continued)

Full Name (as it appears on passport) _____

Skills & Experience:

- | | | |
|---|--|---|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Landscaping/Farming | <input type="checkbox"/> Preaching |
| <input type="checkbox"/> Bible Study Leader | <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Masonry | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Computer & IT | <input type="checkbox"/> Mechanics | <input type="checkbox"/> Singing & Music |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Medical | <input type="checkbox"/> Teach Youth |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Painting | <input type="checkbox"/> Teacher Training |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Photography | <input type="checkbox"/> Teach Health/Wellness |
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Plumbing | <input type="checkbox"/> VBS/work with children |
- Other _____

Please answer and give details to the following questions regarding your Christian experience.

Have you had a Christian salvation experience? Yes No Date: _____

Have you been baptized in water? Yes No Have you had the infilling of the Holy Spirit? Yes No

Please tell us about your relationship with God/Christ _____

What would you consider your spiritual gifts are?

- | | | |
|--|---|--|
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Acts of Mercy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Healing | <input type="checkbox"/> Wisdom | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Acts of Service | <input type="checkbox"/> Administration | <input type="checkbox"/> Children’s Ministry |



Health History Form

Recent Medical or Surgical History/Problems: _____

Have you experienced depression or emotional problems? (Explain) _____

Are you currently under doctor's care for any health issue? (Explain) _____

List Prescription Medications you are currently taking _____

Do you have any disability? If Yes, what is the condition(s) & your limitations? _____

Do you have any medication or severe food allergies that we need to be aware of? Yes No If so, explain? _____

Please Note: If you have food allergies, please be prepared to bring additional food, to supplement your meals. Though we will notify kitchen staff, we cannot guarantee accommodation to food restrictions.

Have you experienced or do you have any of the following conditions? Please explain, if yes to any

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscle/Joint/Bone Conditions |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Digestive Conditions |
| <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Mental Health Conditions |
| <input type="checkbox"/> Skin Conditions (psoriasis, eczema, dermatitis) _____ | |
| <input type="checkbox"/> Respiratory Conditions (asthma, bronchitis, allergies) _____ | |
| <input type="checkbox"/> Infectious Disease (HIV/AIDS, Hepatitis) _____ | |
| <input type="checkbox"/> Female Conditions _____ | (If pregnant, due date: YY/MM/DD) _____ |
| <input type="checkbox"/> Other _____ | |

Comments: _____

Name of family physician: _____ Physician Phone Number _____



Covenant & Release Waiver Form

Re: Haiti ARISE Short Term Mission Team Participation

I, (print name) do hereby release Haiti ARISE Ministries Inc., Haiti ARISE (Actively Raising Individuals to Serve and Evangelize) Ministries Society, Haiti ARISE Ministries and its directors and all associated parties of any and all liability that may result to me personally or to my personal belongings, including but not limited to illness, injury, theft, damage, death or harm that may occur as a direct result of, or incidental to work, association, or travels to Haiti or any other work field as a guest or worker, at any time in the past, present, or future.

As well, I have read the rules and policies of Haiti ARISE Ministries and agree to abide by them at all times, before, during and after my trip, with relation to the ministry. I will respect the leaders and observe all the instructions in respect for the mission and its programs and philosophies. I further agree to do all that I can to have a positive impact on God's work through the mission. My actions and witness will be to honor God and serve Him while submitting to the leadership of others, to my team members and to the will of God.

I recognize that upon committing to this short term mission trip, I am giving my assent to the rules and policies found in the Preparation & Information Packet and or other supplementary materials that I have been given, and understand that if I do not follow them, action will be taken which may result in being sent home **at my own cost** and the risk of not being welcome to return to work with Haiti ARISE Ministries.

I understand that in the event that no representative of Haiti ARISE Ministries, USA or Canada, is in Haiti while I am on the ground that I will submit to the provided leadership from the staff and leaders of Haiti ARISE Ministries on the ground in Haiti. I acknowledge and accept the possible risk if, at any time, there is no supervision from my team leader or Haiti ARISE Ministries.

I acknowledge that Haiti is under a travel advisory and that I knowingly accept the possible risk of traveling to Haiti. I understand that **Haiti ARISE will not be held liable for any medical expenses** that occur during any part of my trip, either in route to Haiti or while in Haiti.

Note: Your signature indicates your understanding of, and compliance with the above information.

Team Member Signature: _____ Date: _____

Parent or guardian Signature: _____ Parent: (Please print) _____
Must sign also IF the applicant is under 18 years

Witness: (Please print) _____

Witness Signature: _____ Date: _____